Indiana State Department of Health
Office of Primary Care
Community Health Center Program

Master Tobacco Settlement Community Health Center Operating Grant

Request for Proposal - Program Guidance

Fiscal Year 2006-2007

Application Due Date: April 24, 2006

Date of Issuance: March 16, 2006

Program Contact:
Rita Hope
(317) 233-7546
rhope@isdh.IN.gov

Technical Assistance:
Jennifer Hoffman
(317) 233-7646
jehoffman@isdh.IN.gov

Authority: Senate Enrolled Act 108 – 111th General Assembly, March 2000

Table of Contents

I. Funding Opportunity Description

Grant Requirements

The funds distributed to the Community Health Centers through this RFP will be allocated as a cost reimbursement system. All reimbursement claims should be submitted with the organization's monthly status report. Monthly status reports are the deliverable associated with the award of this grant. Second year funding is dependant upon receipt of the year end report and based upon available funds allocated in the State Budget.

Grant Limitations for State Funds:

State funds must be used in accordance with the goals objectives and mission of the Indiana State Department of Health and the Indiana General Assembly.

Funding Priorities:

(1) data driven programs, (2) integrate INShape principles (improved nutrition, increased physical activity, and a non-smoking lifestyle), (3) collaboration between public health and medicine, and (4) preparedness

II. Award Information

Total Funding Available

It is anticipated that 12.5 + million dollars ($12.5M) will be available for Community Health Center (CHC) clinic operations. Community Health Center funding is for the State Fiscal Years 2006-2007, which starts July 1, 2006 and ends June 30, 2007.

Award Ceiling

For entities already funded by the Community Health Center program, budgets for clinic operation should not be higher than the base award amount given in State Fiscal Year 2006 (July 1, 2005 through June 30, 2006), which is the year that began the last fiscal biennium. New applicants should not request more than $150,000 for operational services.

Award Floor

No floor has been set for this award

Number of Anticipated Awards

50

**NOTICE. This announcement is based upon the most current information on the budget of the State of Indiana. Further action within the budget process of government regarding all three branches could result in changes to funding available.

III. Eligibility Information

Who can apply

Organizations eligible to compete include public or nonprofit private entities, including tribal, faith-based, and community-based organizations.

Cost sharing/ Matching Funds

There is no cost sharing or matching fund requirements for this opportunity. However, the Indiana State Department of Health (ISDH) strongly encourages community health centers to utilize community partners and local private foundations to secure additional funding above that provided by the state.

IV. Application and Submission Information

Address to Request Application Package

Application Materials can be requested by contacting:

Rita Hope
2 N. Meridian St., Section 2M
Indianapolis, IN 46204
(317) 233- 7546
rhope@isdh.IN.gov

Content and Form of Application Submission

Application Format Requirements

Page Limitation There is a 70 page total page limit for the application. Any pages over 70 will be discarded and not considered for review.

Number of Copies: 2 original copies and **1** electronic copy emailed to the Program Director (Rita Hope rhope@isdh.IN.gov).

Font: Applicants should use an easily readable typeface, like Verdana, Times New Roman, Courier, CG Times, or Arial. The text portions of the application should be submitted in not less than 12 point and 1.0 line spacing and left-aligned text. Please put all section headings flush left in bold type. Figures, charts, tables, figure legends, and footnotes may be smaller in size but must be clear and readily legible.

Paper Size and Margins: For scanning purposes, the complete application should be single-sided on 8 ½" x 11" white paper with conventional (i.e., 1 inch) border margins. Do not use photo reduction and do not send photos or over-sized documents, posters, videotapes, cassette tapes, or other material that cannot be photocopied.

Numbering: Application pages must be sequentially numbered beginning with Form 1 (Page 1), Table of Contents, Introduction, Narratives, and conclude with Forms B, C, etc., charts, figures, graphs, tables, and appendices.

Section Headings: Section headings should be consistent with those outlined in the RFP.

Completed Application Section Requirements

    a. Application Face Page: provided in the appendices

    b. Table of Contents: Provide a Table of Contents reflecting the major headings, including sub-headings and appendices, with corresponding page numbers.
    c. *Application Checklist*: provided in the appendices

    d. *Budget for Non-Construction Programs:* Can be found in the Forms section (Form 3)

    e. Budget Justification: Additional program and/or revised budget information may be requested by the State after funds are awarded and prior to issuance of the contract to ensure that all ISDH requirements are met. Please limit this section to 5 pages or less.

    Provide a narrative (sample format included as Form 4) or spreadsheet that details and explains the amounts requested for each line in the 12-month budget. The budget justification should specifically describe how each item contributes to meeting the project's objectives/goals. Line item information must be provided to explain the costs entered. The budget justification must clearly describe each cost element. The budget justification is to be concise. Additional information and detail may be provided in narrative form, as needed.

        1. Personnel Costs. In general, personnel costs should be explained by listing **each staff member who will be supported from requested grant funds,** name (if possible), position title, percent full-time equivalency, annual salary, and the exact amount requested from this award.

        2. Fringe Benefits. In general, the fringe benefits should be directly proportional to that portion of personnel costs that is allocated for the project.

        3. Travel. List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel, and staff member/consumers completing the travel should be outlined. The budget should also reflect the current state travel expenses associated with participating in meetings and other proposed trainings or workshops. 2006

state reimbursement the following rates should be applied: lodging reimbursement rate of $79.00+ tax per night, mileage reimbursement rate of .40 cents, and per diem of $26.00 should be applied to in-state travel.

4. Equipment. List equipment costs and provide justification for the need of the equipment to carry out the program's goals. Only major equipment items (costing more than $5,000 per unit) need to be itemized with equipment costs and justifications. Items costing less than $5,000 should be aggregated with a brief explanation.

5. Supplies. List the items that the project will use. Categorize supplies according to type–medical, lab, pharmacy, office, etc. Office supplies could include paper, pencils, and the like; medical supplies, syringes, blood tubes, plastic gloves, etc.; and educational supplies, pamphlets and educational videotapes. Explain how the amounts were developed (e.g., medical supplies were based on 20,000 encounters at $2 per encounter to arrive at the $40,000 appearing in the budget).

6. Contractual (Subcontracts). Categorize substantive programmatic or administrative contract costs according to type (e.g., medical referral, lab referral, management consultant) under two headings: patient care and non-patient care by costs. Provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables.

7. Other. Put all costs that do not fit into any other category into this category and provide an explanation of each cost in this category. Itemize all costs in this category and explain in sufficient detail. In most cases, consultant costs for technical assistance, legal fees, rent, utilities, insurance, dues, subscriptions, and audit-related costs would fall under this category.

f. Key Personnel: Applicants are limited to 2 pages for the staffing plan, example located in the appendices, Form 5. Identify the key applicant contact as well as their address, phone, and email address information. Describe the personnel who administer the grant program as well as their roles, responsibilities and qualifications as well as the amount of time spent on this project. Copies of job descriptions and biographical sketches for key personnel that will be assigned to work on the proposed project must be included in Appendix B & C. Include appropriate copies of current professional licenses.

g. Abstract: Provide a clear and concise summary of the application. Limit your abstract to one page single spaced and include a highlight of the following information: the applicant organization, community/target population(s), and the scope of the proposed project. The applicant should summarize the specific need for health services in the community and the organization's proposed response to that need using staff skills, capacity, clinical outcomes, cultural and linguistic competence, evaluation capabilities, etc.

h. Program Narrative: Funding will be provided to CHCs that demonstrate a high level of need in their community, present a sound proposal to meet this need, display responsiveness to the health care environment of the service area, discuss minority participation (staff and patients), and demonstrate collaborative and coordinated delivery systems for the provision of health care to the underserved in their communities (to the extent funding is available). The narrative section is limited to 12 pages; anything exceeding 12 pages will be removed from the application and not counted.

**Please note that the ISDH Office of Primary Care strongly recommends that these applications explain how the individual centers plan to provide comprehensive primary care and/or dental care services to the uninsured, underinsured, and working poor residents living in the area.

Generally, the program narrative should be a detailed description of the community/target population(s) to be served and the applicant organization's plan for addressing the identified health care needs/issues of the community/target population. The following information provides a framework for the program narrative.

The program narrative should be organized using the following section headers:

> **<u>Health Care Needs of the Population Served:</u>**
> Describe **Needs of Community/Patients Served**- Describe the service area(s)/community(s) to be served by the project, including:
> - The population and area to be served
>
> - The counties, census tracts, minor civil divisions, schools/school districts, etc., (as appropriate) in the service area
>
> - Any Medically Underserved Areas (MUA), Medically Underserved Populations (MUP), High Impact Areas, and Health Professional Shortage Areas (HPSA), as applicable

Description of the **target population(s)** for the Community Health Center (e.g., general community members, migrant/seasonal agricultural workers, residents of public housing, homeless persons, refugees, low-income school children, etc.), including:

- The unserved and underserved populations in the community

- The uninsured and underinsured populations in the community

- The unique demographic characteristics of the target population (e.g., age, gender, insurance status, unemployment, poverty level, ethnicity/culture, education, etc.)

- The relevant access to care and health status indicators of the target population/community, including the most common causes of mortality and the incidence and prevalence of chronic and infectious diseases

- Applicant projects how many people will be served and encounters that will be generated

Identify and describe the most significant barriers to care, gaps in services, significant health disparities, and **major health care problems in the community that will be addressed by the Community Health Cente**r. This should include a description of:

- Any culturally specific characteristics that impact access to and the delivery of health care services

- Any relevant geographic barriers to care and other factors impacting access to care

- Any major and/or unique health care needs of the target population(s)

Applicant describes any **significant changes over the past year** in the service area or population being served (e.g., influx of refugee population or closing of local factory, etc.) impacting on the need for services.

Applicant identifies **any health care providers** (including all other Community Health Centers, local health departments and Federally Qualified Health Centers), resources and/or services of other public and private organizations **within the proposed service area that are providing care to the target population(s).** The applicant should also evaluate the effectiveness of available resources

and/or services in providing care to the target community/population.

Community Health Center's Response to Fulfill Needs:
Applicant describes the **scope of the proposed project**, including the proposed service delivery model. Applicant should demonstrate that the proposed model is most appropriate and responsive to the identified community health care needs (i.e., the service delivery plan addresses the priority access to care and health and social problems of the target population(s) for all the major life cycles and for each special population to be served.)

Applicant demonstrates that the **required primary, preventive, and supplemental health services will be available and accessible** to the target population without regard to ability to pay (i.e., applicant demonstrates that a schedule of charges for services has been established, as well as a corresponding schedule of discounts, based on a person's ability to pay for all persons below 200 percent of poverty). Please show sliding fee schedule of your project in Appendix F.

Applicant demonstrates that the **services will be** culturally competent and linguistically **appropriate**.

Applicant demonstrates comprehensiveness and **continuity of care** for the project, including a discussion of the following:

- Hours of operation that assure services are available and accessible at times that meet the needs of the population, including evenings and weekends as appropriate; and

- Mechanism to assure professional coverage during the hours when the health center is closed

- Applicant demonstrates that the proposed clinical staffing pattern for the project is appropriate for the level and mix of services to be provided.

- Applicant describes a detailed plan for recruiting and retaining appropriate health care providers as appropriate for achieving the proposed staffing pattern.

Community Health Center's Program Evaluation

Applicant demonstrates an operating **quality improvement program** that contains the ability to monitor and evaluate the quality and outcomes of the services provided, including an evaluation plan with specific time frames, measurable outcomes, and clear methods/action steps. This plan must include the Appendix A measures (Form 6) and required CHC reporting period (monthly summary and annual status report).

Applicant describes the tools and mechanism(s) by which the organization identifies and **responds to the community and its needs** (e.g., patient surveys, needs assessments, statewide data, and census data).

Applicant demonstrates the **role of clients, community, staff and board of directors** (and/or advisory board, where applicable) in establishing and evaluating the organization's objectives and priorities.

Applicant demonstrates how **strategic planning** and program decision-making result from the evaluation of program effectiveness by management staff and the governing board/advisory board.

Applicant demonstrates through the health care plan that both **goals and** time-framed, measurable **objectives** are in place that **address the identified needs** and **disparities** of the target **population**.

Applicant provides a narrative and statistics describing **current status of objectives**, as listed in the previous year's CHC application.

Impact

Applicant demonstrates and provides **evidence of the community support** of the Community Health Center. Letters of support and Memorandums of Understanding (MOU) and/or a list of additional letters of commitment, MOUs, etc., on file at the health center, should be included as appropriate in Appendix D.

Applicant demonstrates the extent to which it will **increase access to care** and eliminate major barriers to care for the medically underserved in the community/target population(s) to be served.

Applicant demonstrates the extent to which it will address the priority health care needs and **reduce health disparities** for the medically underserved in the community/target population(s) to be served.

Resolution of Challenges

Applicant should list any **anticipated problems** for the upcoming year's funding goals and objectives, and explain how the applicant **plans to resolve** these problems.

i. Required Appendices

Appendix A- CHC Required Reporting Measures (template included as Form 6)

Appendix B- Job Descriptions

Appendix C- Biographical Sketches- Submit biographical sketches or resumes (2 page limit per staff person) of persons occupying the key positions described in Key Personnel and budget justification sections in this application.

Appendix D- Letters of Support or existing Memorandums of Understanding

Appendix E- Program Organizational Chart – Submit a one-page organizational chart of the applicant's agency, department or organization

Appendix F- Patient Sliding Fee Scale (if applicable).

Appendix G- Additional Charts and Tables as needed

Submission Date and Time

Paper Submission: 2 original unbound copies must be received before 4pm EST on April 24, 2006, to be considered eligible for review. Applicants are also asked to email an unofficial copy of the grant to Rita Hope (rhope@isdh.IN.gov) before close of business on April 24, 2006.

**Please note that the application must be fully completed by interested applicants in order to be eligible for review. Incomplete applications will not be reviewed and are deemed ineligible for funding. Any applicants who submit an application that is deemed ineligible will be notified by email within 48 hours of submission.

V. Review Criteria

Applications will be prioritized, based on the following factors:

- Addresses specific local health priorities;
- Demonstrates funding in conjunction with ISDH four priority areas: (1) data driven programs, (2) integrate INShape principles (improved nutrition, increased physical activity, and a non-smoking lifestyle), (3) collaboration between public health and medicine, and (4) preparedness. A full explanation of the ISDH priorities can be found in the appendices, Form 7.
- Demonstrates need based on local data;
- Demonstrates collaboration with other ISDH-funded projects or organizations within the community or service area;

- Demonstrates measurable outcomes; and
- Produces a best practice or replicable model.

VI. Award Administration Information

Applications will be reviewed by an ISDH Review Committee comprised of appropriate staff within the Indiana State Department of Health. It is the intent of the Office of Primary Care to release the names of awarded Community Health Centers after May 19, 2006. These announcements will be posted on the Indiana State Department of Health Website, and emailed to all awardees.

VII. Agency Contacts

Program Director
Rita Hope
2 North Meridian St., Section 2M
Indianapolis, IN 46204
(317) 233- 7546
rhope@isdh.IN.gov

Technical Assistance
Jennifer Hoffman
2 North Meridian St., Section 3A
Indianapolis, IN 46204
(317) 233-7646
jehoffman@isdh.IN.gov

Financial Assistance
All budgetary questions should be directed to the Program Director.

VIII. Tips for Writing a Strong Application

How to Access Public Health Data

- For data on Medically Underserved Areas and Health Professional Shortage Areas, visit the Health Resources and Services Administration (HRSA) Web site at: www.bphc.hrsa.gov/bphc/database.htm

- Health data is available on the Indiana State Department of Health Web site at: www.statehealth.in.gov by clicking on "Data & Statistics."

- Poverty data can be found on the Indiana Business Research Center's Web site at: www.stats.indiana.edu/welfare_topic_page.html.

- The Indiana Perinatal Network offers "Best Practice" guidelines for pregnant women on its Web site at: www.indianaperinatal.org and the Infant Death & Low Birth weight review at: www.indianaperinatal.org/Images/infantdeathlbw.pdf.

Appendices

Form 1 Application Face Page

Form 2 Project Information Page

Form 3a Tobacco Settlement Operating Funds- Proposed Expenditures for   State Fiscal Year 2007

Form 4 Sample Budget Narrative

Form 5 Key Personnel

Form 6 Appendix A

Form 7 ISDH Priorities